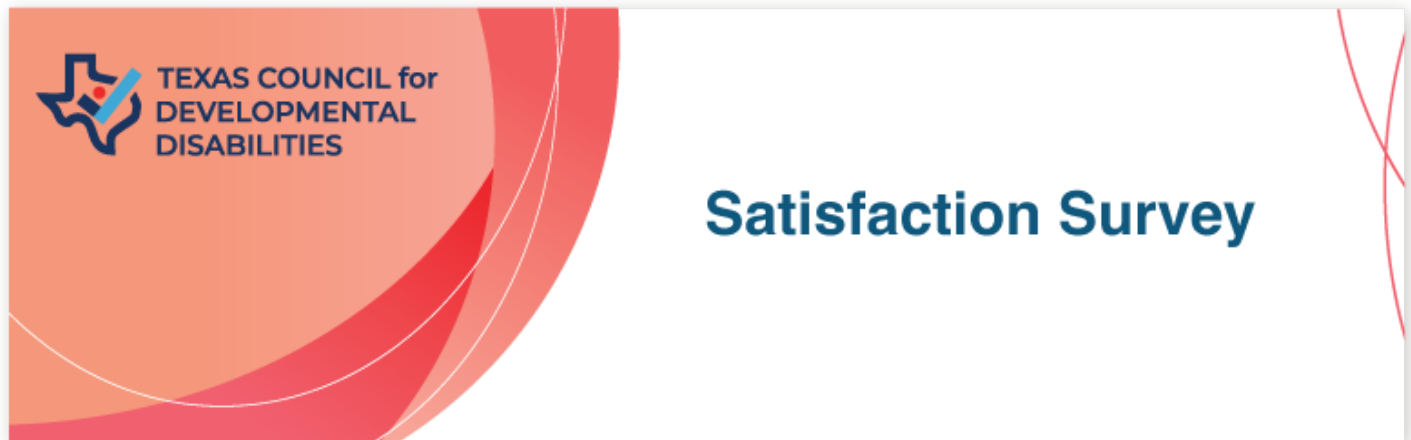


Welcome



**Texas Council for Developmental Disabilities**  
Satisfaction Survey - Grantee Response Form (bulk entry)

All participants in grant-related activities and events must complete a TCDD Satisfaction Survey. TCDD grantees or event organizers can use this survey form to enter attendee satisfaction survey results in bulk.

**Training Event Information**

**Name of the event or program:**

**Organization name:**

**Name of the person completing this form:**

**Email address of the person completing this form:**

**Was this event held virtually or in-person?**

- ☐ Virtually
- ☐  In-person. In what city was the event held?

**What was the date of the event?**

**Demographic Questions - Bulk**

**Enter the number of attendees of each race.**

White	<input type="text"/>
Black or African American	<input type="text"/>
American Indian or Alaska Native	<input type="text"/>
Asian	<input type="text"/>
Native Hawaiian or Pacific Islander	<input type="text"/>
More than one race	<input type="text"/>
Other	<input type="text"/>
Unknown	<input type="text"/>

**Enter the number of attendees of each race.**

White	<input type="text"/>
Black or African American	<input type="text"/>
American Indian or Alaska Native	<input type="text"/>
Asian	<input type="text"/>
Native Hawaiian or Pacific Islander	<input type="text"/>
More than one race	<input type="text"/>
Other	<input type="text"/>
Unknown	<input type="text"/>

**Enter the number of attendees of each ethnicity.**

Hispanic, Latino, or of Latin origin	<input type="text"/>
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Not Hispanic, Latino or of Latin origin

Unknown

**Enter the number of attendees that are male, female or other.**

Male

Female

Other

**Enter the number of attendees who live in each area.**

Urban (in a city)

Suburban (near a city)

Rural (in the country)

**Enter the number of attendees from each region of Texas.**

North

East

Coastal

South

West

Central

**Number of individuals with a developmental disability (DD), family members of a person with a DD, professionals who work in the field, and other attendees**

Individuals with DD

Family members

Professionals

Other

**Satisfaction Questions Bulk**

**How many attendees were satisfied with this event?**

Yes

Somewhat

Not at all

**How many attendees would recommend this event to a friend, family member, or colleague?**

Yes

Maybe

No

**How many attendees would participate in another event provided by this organization?**

Yes

Maybe

No

**Please share any comments you received from attendees about what they learned, what worked, or what could improve this event for future participants.**

**Were any attendees interested in receiving information from TCDD about advocacy, networking, and leadership opportunities? If yes, please provide their email addresses below. They will be signed up for the TCDD newsletter.**

